CYF mHOMS User Reports Training

Training Overview

- Accessing the system
- Reports tab
- Report categories
- Workflow for accessing and utilizing reports
- Addressing technical issues with reports

Accessing the System

Accessing CYF mHOMS

- User must have an active account in the system
 - For assistance on registering, email <u>cyfmhoms@ucsd.edu</u>
- Use an updated browser:
 - Firefox, Google Chrome*, Safari, Internet Explorer
- Go to https://mhoms.ucsd.edu to access the system
- System is compatible with computers, tablets, and mobile devices

*For optimal performance, we recommend using Google Chrome to run CYF mHOMS.

Logging into the System

Logging into CYF mHOMS











Reports Tab



Report Categories

Report Categories -

Individual

Reviewed by clinicians

Program Level

Reviewed by program managers/QI specialists

Clinician Level

Reviewed by program managers/supervisors

Data Check and Administrative Reports

• Reviewed by data entry staff, program managers, and QI specialists County QSR Reports

Reviewed by program managers/QI specialists

Individual Reports



- Assessment Summary Report
- CANS Individual Report
- PSC-P Graph (Caregiver Report)
- PSC-Y Graph (Client Report)

Report Category – Individual

Assessment Summary Report

- Data entry staff will print at every timepoint immediately after **successfully submitting** ALL three measures
 - > CANS
 - PSC Parent
 - PSC Youth
- Printout will be reviewed by clinician and by County medical record reviewers
- Report location: within the client record

Note: This report is not listed on the Reports tab and can only be accessed within the client's record





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Program Level Reports



- CANS Average Impact Progress Report
- CANS Key Interventions Report
- CANS Strength Over Time Report
- PSC-P Aggregate Graph
- PSC-Y Aggregate Graph



CANS – Average Impact Progress Report

CANS - Key Interventions Report

CANS – Strength Over Time Report

- Print quarterly when QSR reports are printed for program managers/QI specialists to review
- Use the same dates as for the QSR's
- Select Initial for time-point 1 and Discharge for time-point 2
- Program managers/QI specialists can specify if they'd like to review different timepoints/timeframes
- Report location: CYF Reports tab

<u>Note:</u> The QSR reports on clients with CCBH Discharge dates within a certain timeframe; this report is based on dates dependent on time-point 1 selection















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Clinician Level Reports



CANS – Clinician Support Intensity

- Print each of these reports 'As Needed' by program mangers/supervisors for caseload planning and/or supervision
- Report location: CYF Reports tab





Data Check & Administrative Reports

Report Category – Data Check & Administrative

- Client Open Cases
- Client Closed Cases
- Client Intake Cases
- Missing/Pending Cases (Data Entry)
- Assessments Status Report
- Assessment Due By Staff



Client Open Cases

Client Closed Cases

Client Intake Cases

- Print each report 'As Needed' for quality assurance
- Use to cross-reference with reports generated in CERNER
- Report location: CYF Reports tab

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Missing/Pending Cases (Data Entry)

- Staff should run the report at the end of their data entry session
- Any items listed on the report should be corrected prior to the data collection due date, which occurs quarterly
- Report location: CYF Reports tab





Assessments Status Report

- Print report 'As Needed' for the purpose of identifying clients that have an upcoming and/or past due assessment
- Report is generated by measure (CANS, PSC-P, PSC-Y)
- Clients listed on the report are grouped by clinician
- Report location: CYF Reports tab











Report Category – County QSR's

- Intake to Discharge Parent PSC (PSC-P) Summary
- Intake to Discharge Youth PSC (PSC-Y) Summary
- Intake to Discharge CANS Summary
- Intake to Discharge CANS-EC Summary

Report Category – County QSR's

Discharged Clients –

Intake to Discharge Parent PSC (PSC-P) Summary

Intake to Discharge Youth PSC (PSC-Y) Summary

Intake to Discharge CANS Summary

Intake to Discharge CANS-EC Summary

- Print quarterly for program managers/QI specialists to review
- QSR dates:
 - Start Date: July 1 of the current fiscal year
 - End Date: the last day of the previous quarter
- Program managers/QI specialists can specify if they'd like to review different date ranges
- Report location: CYF Reports tab





PESQ Reports



Individual Report

PESQ Summary Report

Data Check and Administrative Reports

PESQ Missing/Pending Cases (Data Entry)

County QSR Reports

- Discharged Clients (User)
 - Intake to Discharge PESQ Summary
 - Intake to Discharge PESQ Supplemental Questionnaire
- Discharged Clients (At-Risk)
 - Intake to Discharge PESQ Supplemental Questionnaire

Note: Above reports are only intended for MH programs enhanced with AOD counselors



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- Staff should run the report at the end of their data entry session
- Any items listed on the report should be corrected prior to the data collection due date, which occurs quarterly
- Report location: CYF Reports tab

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Report Category – PESQ (County QSR)

Discharged Clients –

(User) – Intake to Discharge PESQ Summary

(User) – PESQ Supplemental Questionnaire Summary

(At-Risk) – PESQ Supplemental Questionnaire Summary

- Print quarterly for program managers/QI specialists to review
- QSR dates:
 - Start Date: July 1 of the current fiscal year
 - End Date: the last day of the previous quarter
- Program managers/QI specialists can specify if they'd like to review different date ranges
- Report location: CYF Reports tab







CYF mHOMS Version: 10/2019





